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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: FS Insurance Brokers, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Alison Cook, Administrative Assistant

Name of Person

Ferrante and Associates

Firm/Company

126 Prospect Street

Address

Cambridge, MA 02139

City/State and Zip code

sf@ferranteandassociates.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alison Cook at (617) 868-5000, ext 225

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☒ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. FS Insurance Brokers, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New Jersey 3. 52-2128044

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. April 17, 1997 5. Perpetual

(Date of incorporation)

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Registration

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 901 South Trooper Road, Norristown, PA 19403

(Principal office address)

901 South Trooper Road, Norristown, PA 19403

(Current mailing address)

8. Sale of insurance policies and related products.

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301

(City)

(Zip code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

By: Rosemarie Gagliardino

(Registered agent's signature)

Rosemarie Gagliardino
Assistant VP

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: SEE ATTACHMENT "A"

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SEE ATTACHMENT "A"

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. PETER J. GORDON, PRESIDENT

(Typed or printed name and capacity of person signing application)

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ATTACHMENT "A"

**ADDENDUM TO APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION /
QUALIFICATION TO TRANSACT BUSINESS**

CORPORATION NAME: FS Insurance Brokers, Inc.

DIRECTORS

Director John B. Friedrichsen

Address: 1140 Bay Street, Suite 4000, Toronto, Ontario, M5S 2B4, Canada

Director Peter J. Gordon

Address: 901 South Trooper Road, Norristown, PA 19403

Director: Douglas G. Cooke

Address: 1140 Bay Street, Suite 4000, Toronto, Ontario, M5S 2B4, Canada

OFFICERS

Treasurer: Frank Peditto

Address: 901 South Trooper Road, Norristown, PA 19403

Secretary: Douglas G. Cooke

Address: 1140 Bay Street, Suite 4000, Toronto, Ontario, M5S 2B4, Canada

Assistant Secretary: Alexandra Littlejohn

Address: 183 Madison Avenue, Suite 505, New York, NY 10016

President: Peter J. Gordon

Address: 901 South Trooper Road, Norristown, PA 19403

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DIVISION OF CORPORATE AFFAIRS
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**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
SHORT FORM STANDING**

FS INSURANCE BROKERS, INC.

0100705227

With the Previous or Alternate Name

**WORTHINGTON I.B., INC. (Previous Name)
WORTHINGTON INSURANCE BROKERS, INC. (Previous Name)
FIRSTSERVICE INSURANCE BROKERS, INC. (Previous Name)**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on April 17, 1997.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

**Corporation Service Company
830 Bear Tavern Road
West Trenton, NJ 08628**



Certification# 122963337

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed my
Official Seal at Trenton, this
6th day of February, 2012*

A handwritten signature in black ink, appearing to read "Andrew P. Sidamon-Eristoff".

**Andrew P Sidamon-Eristoff
State Treasurer**

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
OFFICE OF THE STATE TREASURER